

**Title VI, Environmental Justice, and Limited  
English Proficiency Complaint Form**

Title VI, Civil Right Act, 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." Two Executive Orders extend Title VI protections to Environmental Justice, which also protects persons of low income, and Limited English Proficiency (LEP).

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: City & County of Honolulu, Department of Transportation Services, Public Transit Division, Fixed Route Operations Branch; 650 South King Street, 3<sup>rd</sup> Floor, Honolulu, HI 96813.

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

5. Person discriminated against (if other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. What was the discrimination based on? (Check all that apply):

\_\_\_\_\_ Race/Color

\_\_\_\_\_ National Origin

\_\_\_\_\_ Low Income

\_\_\_\_\_ Limited English Proficiency

7. Date of incident resulting in discrimination: \_\_\_\_\_

8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of form.

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9. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Check appropriate space) \_\_\_\_\_ Yes \_\_\_\_\_ No

If answer is yes, check each agency complaint was filed with:

Federal Agency \_\_\_\_\_ Federal Court \_\_\_\_\_ State Agency \_\_\_\_\_  
State Court \_\_\_\_\_ Local Agency \_\_\_\_\_ Other \_\_\_\_\_

10. Provide contact person information for the agency you also filed the complaint with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Filed: \_\_\_\_\_

11. Sign the complaint in space below. Attach any documents you believe supports your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Signature Date